

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028763

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7178

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in lb  
1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY  
OR  
TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Parklane Memorial Hosp

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS 4260 Lindell Blvd

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Mary Kathryn Holiday

4. DATE  
OF  
DEATH Month Day Year  
July 19th 1962

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
3/7/1884

9. AGE (last birthday)  
78

IF UNDER 1 YEAR  
Months Days IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Restaurant Manager

10b. KIND OF BUSINESS OR INDUSTRY  
Stix Baer Fuller

11. BIRTHPLACE (City and state or country)  
Louisiana, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
David Holiday

13b. MOTHER'S MAIDEN NAME  
Mary Yator

14. NAME OF HUSBAND OR WIFE  
None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT  
Address  
B.F. Eddington, 4260 Lindell, St. Louis, 8, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

(IMMEDIATE CAUSE (a)

(b) DUE TO (b)

(c) DUE TO (c)

(d) DUE TO (d)

(e) DUE TO (e)

(f) DUE TO (f)

(g) DUE TO (g)

(h) DUE TO (h)

(i) DUE TO (i)

(j) DUE TO (j)

(k) DUE TO (k)

(l) DUE TO (l)

(m) DUE TO (m)

(n) DUE TO (n)

(o) DUE TO (o)

(p) DUE TO (p)

(q) DUE TO (q)

(r) DUE TO (r)

(s) DUE TO (s)

Hydrex 180-60

Our own exposure

Verapamil 4201

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

as stated above

INTERVAL BETWEEN  
ONSET AND DEATH

MEDICAL CERTIFICATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
YES ☐ NO ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. p.m.

Month, Day, Year  
11 11

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

6:30 PM 7/19-62

and last saw her  
him alive on 7/19-62

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

REGISTRAR'S SIGNATURE

Funeral Home, Louisiana, Mo

JUL 21 1962

Coat Smith. M.O.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

ITEM NO.

VS 300

Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address July 14-62

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.